

CITY OF SAN DIEGO 2004 Junior Lifeguard Program Application

Please Print				
First Name:		Last Name:		
Address:				
City:		State:	itate: Zip:	
* Age Group:	"C" □ 9 - 11	"B" □ 12 - 13	"A" □ 14 - 17	
Is the student a returning Junior Lifeguard?		Are you applying for a Scholarship?		
☐ Yes ☐ No		☐ Yes ☐ No		
*Children are grouped according to age and skill level				
Parent(s) or Legal	Guardian(s):			
Home Phone: ()	(Mother / Father Work Phone: (r) Please circle one	
Cell Phone #1: () Cell Phone #2 ()				
Other Emergency	Contact Person(s):			
Home Phone: ()	Other Phone: ()	
	The dates and times of	of the Program are as	follows:	
► Session 1: June 21 - July 16				
 Session 2: July 26 - August 20 Enhanced Session: Both Sessions 1 & 2 PM Class: 1:00 - 4:30 				
	the Session and Class you de pace is limited. Positions are		3 choices (select one per row) first served basis.	
First Obeing	Session 1, AM	Session 2, AM	☐ Enhanced Session, AM	
		☐ Enhanced Session, PM		
Second Choice		☐ Session 2, AM☐ Session 2, PM☐	☐ Enhanced Session, AM☐ Enhanced Session, PM	
Second Choice			П	
Third Choice	□ Session 1, AM □ Session 1, PM	☐ Session 2, AM☐ Session 2, PM☐	☐ Enhanced Session, AM☐ Enhanced Session, PM	

The Waiver and Order Form should accompany this Application